



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121474

1. DATE OF REPORT 3/25/2013	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE SKALA FOR COUNCIL	
3. COMMITTEE MAILING ADDRESS 5201 GASCONADE DRIVE CITY / STATE / ZIP COLUMBIA MO 65202	4. COMMITTEE TELEPHONE NUMBER (573) 474-2194
5. TREASURER'S NAME BETTY WILSON	
6. TREASURER'S MAILING ADDRESS 1719 UNIVERSITY AVE CITY / STATE / ZIP COLUMBIA MO 65201	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 442-1372 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATS LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 445-4940
11. DATE OF ELECTION 4/2/2013	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/17/2013 THROUGH 3/21/2013	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY KARL SKALA 5201 GASCONADE DRIVE COLUMBIA MO 65202 (573) 474-2195 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 25 2013 12:10PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 25 2013 12:10PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
SKALA FOR COUNCIL	3/25/2013	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 9,471.67		
2. All Monetary Contributions Received This Period	\$ 2,420.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 2,420.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 2,420.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 11,891.67		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 1,248.57		
10. Expenditures made by cash or check this period	\$ 3,185.71			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 500.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 3,685.71			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 4,934.28		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 8,596.43
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,420.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 3,185.71 b) Disbursements By Cash \$ 0.00	- 3,185.71
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 7,830.72
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 500.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 500.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 1,000.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE SKALA FOR COUNCIL		2. REPORT DATE 3/25/2013	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 2,420.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 2,420.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 2,420.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 2,420.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 2,420.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SKALA FOR COUNCIL	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jan Weaver CITY / STATE: 412-1/2 W Walnut Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dee Dokken CITY / STATE: 804 Again St Columbia MO 65203 EMPLOYER: Univ of MO -- Nurse <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dan Cullimore CITY / STATE: 715 Lyons St Columbia MO 65203 EMPLOYER: Wiz Bang Remodeling -- Carpenter <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gale Fuller CITY / STATE: 5740 Co Rd 408 Fulton MO 65251 EMPLOYER: Minister <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phyllis Fuller CITY / STATE: 5740 Co Rd 408 Fulton MO 65251 EMPLOYER: Not employed <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Hussman CITY / STATE: 5306 Rice Rd Columbia MO 65202 EMPLOYER: Grass Roots Organizing -- Organizer <input type="checkbox"/> COMMITTEE:	2/18/2013 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Beiger CITY / STATE: 1411 Pratt St Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/4/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herbert & Susan Tillema CITY / STATE: 306 Westridge Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/5/2013 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SKALA FOR COUNCIL	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Donna Hamilton CITY / STATE: 1614 Wilson Ave Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/8/2013 ----- \$ 35.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Sable CITY / STATE: 228 E Parkway Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/9/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dee Dokken CITY / STATE: 804 Again Columbia MO 65203 EMPLOYER: Univ of MO Hospitals -- Registered Nurse <input type="checkbox"/> COMMITTEE:	3/11/2013 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Langworthy CITY / STATE: 7301 N Boothe Ln Rocheport MO 65279 EMPLOYER: None <input type="checkbox"/> COMMITTEE:	3/12/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dean Andersen CITY / STATE: 814 Tiimbers Ct Columbia MO 65201 EMPLOYER: Univ of MO Hospitals -- Health Educator <input type="checkbox"/> COMMITTEE:	3/15/2013 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mid-MO Labor Club CITY / STATE: PO Box 471 EMPLOYER: Fulton MO 65251 <input checked="" type="checkbox"/> COMMITTEE:	3/15/2013 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marian Mace Dickerson CITY / STATE: 3651 S Ben Williams Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Fenster CITY / STATE: 1314 Gary St Columbia MO 65203 EMPLOYER: Univ of MO -- Health Tech <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 125.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SKALA FOR COUNCIL	DATE 3/25/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Lee Henson CITY / STATE: 3104 Greenbriar Dr Columbia MO 65203 EMPLOYER: Univ of MO -- Prog Coord <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dan Viets CITY / STATE: 15 N 10th St Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	3/16/2013 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Constance Loveless CITY / STATE: 2404 Topaz Dr Columbia MO 65203 EMPLOYER: Columbia College -- Educator <input type="checkbox"/> COMMITTEE:	3/17/2013 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Chasteen CITY / STATE: 1830 Cliff Dr Columbia MO 65201 EMPLOYER: MO Dept of Conservation -- Web Editor <input type="checkbox"/> COMMITTEE:	3/18/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Parks CITY / STATE: 2501 Limerick Columbia MO 65203 EMPLOYER: Emergency Physicians -- Physician <input type="checkbox"/> COMMITTEE:	3/20/2013 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Harter CITY / STATE: 201 S Glenwood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/21/2013 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joyce Schulte CITY / STATE: 5410 Kelsey Dr Columbia MO 65202 EMPLOYER: Moberly Area Com College -- Instructor <input type="checkbox"/> COMMITTEE:	3/21/2013 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mid-MO Labor Club CITY / STATE: PO Box 471 Fulton MO 65251 <input checked="" type="checkbox"/> COMMITTEE:	3/21/2013 ----- \$ 800.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee SKALA FOR COUNCIL		2. Report Date 3/25/2013	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 57.62
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 57.62
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 3,628.09
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,628.09
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,685.71
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,185.71
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 500.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE
SKALA FOR COUNCIL

DATE
3/25/2013

(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR
INCURRED THIS PERIOD

CATEGORY OF EXPENDITURE	2019-2020	2020-21	2021-22
1. Salaries and allowances	1000	1000	1000
2. Pension and gratuity	500	500	500
3. Medical	100	100	100
4. Fuel and transport	200	200	200
5. Telephone	100	100	100
6. Office expenses	100	100	100
7. Printing and stationery	100	100	100
8. Repairs and maintenance	100	100	100
9. Travelling	100	100	100
10. Miscellaneous	100	100	100
11. Capital expenditure	100	100	100
12. Other	100	100	100
Total	2500	2500	2500

Bank Service Charge	
---------------------	--

\$	2.00
----	------

Stamps

\$	46.00
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Online fundraising fees

\$	9.62
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TOTAL: ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$

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MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE SKALA FOR COUNCIL		REPORT DATE 3/25/2013	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	2/25/2013	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 263.50 <input type="checkbox"/> INCURRED
NAME: FastSigns ADDRESS: 2609 E Broadway Ste 200 Columbia MO 65201	2/18/2013	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 283.94 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/8/2013	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 263.37 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/8/2013	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 181.54 <input type="checkbox"/> INCURRED
NAME: Staples ADDRESS: 115 Conley Rd CITY/STATE: Columbia MO 65201	3/9/2013	Office supplies \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 112.18 <input type="checkbox"/> INCURRED
NAME: Midwest Mailing Service ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/12/2013	Mailing Service \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 831.54 <input type="checkbox"/> INCURRED
NAME: Columbia Daily Tribune ADDRESS: 101 N 4th St CITY/STATE: Columbia MO 65201	3/12/2013	Advertising \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 928.65 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd CITY/STATE: Cleveland OH 44114	3/18/2013	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 263.37 <input type="checkbox"/> INCURRED
NAME: Progressive Political Partners ADDRESS: 4001 S Coats Ln CITY/STATE: Columbia MO 65203	3/21/2013	Strategic Planning & Mgmt \$ 0.00	\$ <input type="checkbox"/> PAID 500.00 <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
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TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --